PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Commissioner for Patents P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax. (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required.) Besides I through 5 should be completed where appropriate. All Interfer correspondence including the Plants, advance orders and notification of maintenance fee and ib enabled to the current correspondence addanges as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notification	18.		, -p,g = 11	position address	and or (o) marcaning a sep	
CURZENT CORRESPONDENCE ADDRESS (Note: Uso Block) Go any change of eighness)				Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
75	90 10/28/	2010	110	ve is own certificati	or maining or manshession.	
Abbott Medical (1700 E, St. Andrew Santa Ana, CA 927	Place		I I St ad tra	creby certify that the	tificate of Mailing or Transis Fec(s) Transmittal is bein with sufficient postage for fill Stop ISSUE FEE address TO (571) 273-2885, on the	smission g deposited with the United rst class mail in an envelope above, or being facsimile date indicated below.
				Heidi Ventura (Depositor's no		(Depositor's name)
				/Heidi Ventura/ (Sign		(Signature)
					JAN 27 2011	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R .	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/724,852	12/01/2003		Patricia Ann Piers		52229	2156
TITLE OF INVENTION: MULTIFOCAL OPHTHALMIC LENS						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	PREV. PAID ISSU	B FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/28/2011
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS			
MATTHEWS, WILLIAM H		3774	623-006300	_		
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.353). CRR (353). Change of correspondence address (or Change of Correspondence Address form PTO/SBI 22) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SBI 47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the pastent front page, list (1) the mante on the 0 to 3 registered patent attorneys or agentia OX, alternatively. (2) the name of a single firm (having as a member a 2 registered patent attorneys or agents. If no name is itired, no rane mult be perinde.			
 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (printor type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled it recordation as set from in 3 TCFK 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE 						
AMO Groningen B.V.			Santa Ana, California, USA			
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🕱 Corporation or other private group entity 🔘 Government						
4a. The following fee(s) are submitted: 4 Issue Fee 4 Publication Fee (No small entity discount permitted) 4 Advance Order - # of Copies 3			b. Payment of Fco(s). (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit earl. Form PTO-2038 is attached. ☐ Director is baceby suthorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _ 50/2317 _ (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above)						
a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be eccepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in						
NOTE: The Issue Fee and I interest as shown by the rec	ublication Fee (if requords of the United Sta	nred) will not be accepte tes Patent and Trademark	d from anyone other that Office.	n the applicant; a reg	istered attorney or agent; or	the assignee or other party in
Authorized Signature				Date	1/27/11	
Typed or printed name Roy KIM			Registration No. 51,883			
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the policy which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 1.22 and 37 CFR 1.41. This collection is estimated to she 12 minutes to complete, including guidening, pressuling, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time your require to complete which form and/or suggestions for reducing this burden, should be sent to the Cher Information Officer. U. S. Petert and all Tachemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, Virginia 2231-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, Virginia 2231-1450.						

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.